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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/339,596 06/24/1999 PAT 6,913,747 which is a CIP of 09/249,011  
 02/12/1999 PAT 6,972,125

*OK M*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE M*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 04/24/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 33	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

58571

**TITLE**METHODS FOR TREATING TRANSPLANT RECIPIENTS WITH HUMANIZED IMMUNOGLOBULINS  
 REACTIVE WITH B7 MOLECULES

<b>FILING FEE RECEIVED</b> 1408	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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